

ACCIDENT PREVENTION PROGRAM ANALYSIS

I. GENERAL INFORMATION

1. Contact Date	2. Ed. Rep I.D. No.	3. Region	4. County	5. Special Emphasis <input type="checkbox"/> Yes <input type="checkbox"/> No
6. <input type="checkbox"/> Evaluation for Self-insurance <input type="checkbox"/> Self-insurance Reevaluation	<input type="checkbox"/> Inspector Referral <input type="checkbox"/> New Employer Accounts	<input type="checkbox"/> Employer Initiated <input type="checkbox"/> Request Card	<input type="checkbox"/> Follow Up	
7. Employer Name	8. Employer Account. No.	9. Mod Factor		
10. Employer Address	City	State	ZIP + 4	
11. Type of Operation	12. Sic	13. No. Employed		
14. Person(s) Contacted	Title	Phone No.		

15. Follow Up Due Date	II. ANALYSIS OF PROGRAM ELEMENTS			
RATING SCALE	0. Not Applicable	1. No Evidence of Item Existing	2. Item Unacceptable	3. Item Acceptable
()	1. Written outline of the Accident Prevention Program is tailored to the needs of the plant or operation and to the type of hazards involved. It is supervised and enforced in a manner which is effective in practice.			
()	2. Safety orientation program describing the employer's Safety Program & including:			
()	a How and when to report injuries, including instructions as to the location of first aid facilities.			
()	b How to report unsafe conditions and practices.			
()	c The use and care of required personal protective equipment (care includes proper maintenance and storage).			
()	d The proper actions to take in the event of emergencies, including exit routes from areas during emergencies.			
()	e Identification of the hazardous gases, chemicals or materials involved, along with instructions on the safe use and emergency actions following accidental exposure (the hazardous chemical communications program is a part of this requirement, if applicable).			
()	f A description of the employer's total safety program.			
()	g An on-the-job review of the practices necessary to perform the initial job assignments in a safe manner.			
()	3. Safety and health committee plan organization and operation including:			
()	a Safety committee composed of employer and employee elected members.			
()	(1) Terms of employee elected members not to exceed one year.			
()	(2) Election of new committee members to fill vacancies held prior to the next scheduled meeting.			
()	(3) The number of employer members not to exceed the number of employee elected members.			
()	b Chairperson elected by committee.			
()	c Frequency of meetings to be determined by the committee.			
()	(1) Date, hour and location of meeting to be determined by the committee.			
()	(2) Length of meeting not to exceed one hour except by majority vote of the committee.			
()	d Foreman/crew meetings if allowed and used in place of formal committee.			
()	(1) Meetings are at least monthly (weekly for construction).			
()	(2) Written minutes of meetings on file for one year.			
()	(3) Items listed in "f" of this section are addressed.			
()	e Written minutes of the meetings on file for one year (if less than one year show months records available).			
()	f Subjects to be addressed by the committee (minimum requirements):			
()	(1) Safety & health inspection reports to be reviewed for assistance in the correction of identified unsafe conditions or practices.			
()	(2) Evaluation of the overall accident prevention program to be made to provide recommendations for improvement where indicated.			
()	(3) Evaluation of the overall accident prevention program to be made to provide recommendations for improvement where indicated.			
()	4. Safety & health training program to improve the skill and competency of employees are established, supervised and enforced in a manner which is effective in practice.			
()	5. Accident investigation procedures and documentation	()	6. Accident reporting procedures.	
()	7. Record keeping procedures for occupational injuries and	()	8. Bulletin board.	
()	9. First Aid training and certification – including supervisor's certification.	()	10. First Aid kits, aid station, or first aid room.	
()	11. First Aid posters and roster.	()	12. Blood borne pathogens program, if required.	
()	13. Overall evaluation and observation of industrial safety and health;			
()	a Personal involvement in the program by management.			
()	b The overall accident prevention program activity provides a safe and healthful working environment.			